



# MT. WHEELER POWER

Application Date:		Date Service is to be Connected/Transferred:		Member Number:	
Name of Primary Applicant:		Social Security # _____-_____-_____ Date of Birth: ____/____/____		Driver's License or ID #: _____ State: _____	
Mailing Address: _____ City, State, Zip Code		Telephone #: _____ Cell Phone #: _____ Work Phone#: _____ E-Mail: _____		Service Address: _____ City, State, Zip	
Employer (If <b>Self</b> please explain):		Employer Address: _____ City, State, Zip		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <b>If married, please complete below</b>	
Job Title:					
Beneficiary of Capital Credits or any refunds due upon Members Death Spouse: _____ If no spouse: _____ Phone: _____ Address _____ City, State, Zip _____ Relationship _____		Have you or the additional applicant ever had service with Mt. Wheeler before? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', what name was the account in? _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord: _____ Telephone # _____	
Deposit Quote: \$ _____ Payment options: <input type="checkbox"/> Full Payment <input type="checkbox"/> 1/2 payment with 2 week promissory <input type="checkbox"/> Credit Check _____ \$15.00 FEE Credit Score _____ % (Initials) (7% or less to pass)				Two Forms of ID Required: <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Passport (serves as both) <input type="checkbox"/> Birth Certificate	
Additional Applicant Name: _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Reg. Partner <input type="checkbox"/> Co-Signer		Social Security # _____-_____-_____ Date of Birth: ____/____/____		Driver's License or ID #: _____ State: _____	
Telephone #: _____ Cell Phone #: _____ Work Phone #: _____ E-Mail: _____		ID Required for spouse (If applicable) <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Passport (serves as both) <input type="checkbox"/> Birth Certificate		Is Anyone in the home on Life Support? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Relationship: _____	
Employer (If <b>Self</b> , please explain): _____ Job Title:		Employer Address: _____ City, State, Zip			
APPLICANT SIGNATURE:			ADDITIONAL APPLICANT SIGNATURE:		

Everything that I have stated on this application is correct I (we) Authorize Mt. Wheeler to check my credit and employment history at any time it deems necessary. I agree to be bound by the Cooperative's Articles of Incorporation, By-Laws, and Rules and Regulations, as the same are now and hereafter adopted or amended.